



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

24

Application No.

09/652,284

Filing Date

August 31, 2000

First Named Inventor

Choong, et al.

Examiner Name

Tran, My Chau T

Group Art Unit

1641

Attorney Docket No.

A-70203

1641
TECH CENTER 1600/2900

SEP 23 2002

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check no. 1677 \$920.00 for Pet for Three Mo. Extension of Time Check no. 1679 \$198.00 for Additional Claim Fees
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Please Charge any additional fees or credit any overpayment to Deposit Account No. 50-2319 (Order No. A-70203/RMS/JML)	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David C. Foster , Reg. 44,685		
Signature	<i>David C. Foster</i> Reg. No. 44,685		
Date	September 13, 2002		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:

9/13/02

Typed or printed name	Victoria T. Linne		
Signature	<i>Victoria T. Linne</i>	Date	September 13, 2002